CLAIMS ONLY

Application Number	Filing Date
10071999	2-6-02

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
~~1~~						
~~2~~						
~~3~~						
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20	1					
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
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28		1				
29		1				
30		1				
31		1				
32		1				
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35		1				
36		1				
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49						
50						
Total Indep	1					
Total Depend	16					
Total Claims	17					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						